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CITY OF COVENTRY



# ANNUAL REPORT

OF  
THE PRINCIPAL SCHOOL  
MEDICAL OFFICER

1962



CITY OF COVENTRY



# ANNUAL REPORT

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

T. MORRISON CLAYTON

M.D., B.S., B.Hy., D.P.H.

FOR THE YEAR

1962

## SCHOOL HEALTH SERVICE

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### SPECIAL SERVICES SUB-COMMITTEE as at 31st December, 1962

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*Chairman*—COUNCILLOR MR. J. D. BERRY

*Vice-Chairman*—Councillor MRS. W. E. LAKIN

ALDERMAN MRS. E. A. ALLEN

„ MR. S. STRINGER

„ MR. H. H. K. WINSLOW

COUNCILLOR MR. J. F. MC'DONNELL

„ MR. T. L. K. LOCKSLEY

„ MR. C. M. MAXWELL

„ MR. T. MEFFEN

„ MR. G. M. PARK, J.P.

„ MR. J. H. THOMPSON

*Co-opted members*—REV. A. P. DIAMOND

MR. T. M. HOPE

MR. G. HOWELL

MR. G. H. ISON

MRS. H. I. SAUNDERS

*Director of Education*—MR. W. E. CHINN, M.A.

*Deputy Director of Education*—MR. R. B. SYKES, M.A., L. ES. L.

### SPECIAL SCHOOLS SUB-COMMITTEE

as at 31st December, 1962

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*Chairman*—COUNCILLOR MR. J. D. BERRY

*Vice-Chairman*—ALDERMAN MR. H. H. K. WINSLOW

ALDERMAN MRS. E. A. ALLEN

„ MR. S. STRINGER

COUNCILLOR MR. A. E. HINKS

„ MR. T. L. K. LOCKSLEY

„ MR. T. MEFFEN

„ MR. G. M. PARK, J.P.

*Co-opted members*—MR. T. M. HOPE

MR. G. H. ISON

MR. G. HOWELL

MRS. H. I. SAUNDERS

## SCHOOL HEALTH SERVICE STAFF

Principal School Medical Officer (and Medical Officer of Health)	T. M. CLAYTON, M.D., B.S., B.H.Y., D.P.H.
Deputy Principal School Medical Officer (and Deputy Medical Officer of Health) .....	P. T. REGESTER, M.R.C.S., L.R.C.P., D.P.H., R.C.P.S.
Senior School Medical Officer .....	M. M. R. GAFFNEY, M.B., B.C.H. D.P.H., B.A.O., D.C.H.
School Medical Officers and Assistant Medical Officers of Health .....	<p>J. DICKS, M.B., CH.B., L.R.C.P., M.R.C.S., D.C.H.</p> <p>M. DALY, M.B., B.S., M.R.C.S., L.R.C.P.</p> <p>S. JOSEPH, M.B., B.S., D.R.C.O.G., (Resigned)</p> <p>M. LAWSON, M.B., CH.B., B.A.O. D.P.H.</p> <p>J. B. PORTER, L.R.C.P., L.R.C.S.</p> <p>M. HOMMERS, M.B., CH.B.</p> <p>D. I. TROUP, M.B., CH.B., D.R.C.O.G. (Resigned)</p> <p>E. M. WILKINS, M.B., CH.B.</p> <p>R. A. BEASLEY, M.R.C.S., L.R.C.P., D.OBST., R.C.O.G.</p> <p>A. D. FRYER, M.B., CH.B., D.R.C.O.G., (Resigned)</p> <p>W. TEMPOWSKI, M.B., B.C.H., (Resigned)</p> <p>M. PORTER, M.B., CH.B., D.OBST., R.C.O.G.</p> <p>R. WESTWOOD, M.B., CH.B.</p> <p>B. GRANT, M.R.C.S., L.R.C.P., D.P.M., R.C.P.S.I., D.P.M.(Eng.) M.D. (New York), F.R.F.P.S. (Glas.), M.R.C.P. (Edin.).</p> <p>E. Killey, M.R.C.S., L.R.C.P. (Part- time).</p> <p>P. R. STANBURY, M.A.(Cantab.) M.R.C.S., L.R.C.P.</p> <p>H. PARRY WILLIAMS, F.R.C.P. (Lon.) (Part-time).</p> <p>W. Ogilvy Reid, M.A., B.Sc., M.B., CH.B., F.R.C.S. (Part-time)</p> <p>P. E. ROLAND, M.R.C.S., L.R.C.P., F.R.C.S.</p>
Medical Officer, Town Thorns Residential School for E.S.N.	
Medical Officer, City of Coventry School .....	
Paediatric Specialist and Heart and Rheumatic Consultant .....	
Ear, Nose and Throat Consultants .....	

Speech Therapists	.....	{ Miss B. CARR, L.C.S.T. Mrs. D. I. ROBERTS, L.C.S.T. Mrs. K. FRY, L.C.S.T. Mrs. BRISCOE, L.C.S.T. Mrs. LESLIE, L.C.S.T. Mr. A. T. E. FREKE, M.CH.S., M.R.I., P.H.H. (Part-time). Mr. D. SAXON, M.CH.S., (Part- time).
Chiropodists	.....	
Superintendent Health Nurse	.....	
Deputy Superintendent Health Nurses	.....	
Administrative Assistant	.....	
Chief Clerk	.....	

### DENTAL STAFF 1962

Principal School Dental Officer	.....	J. A. SMITH, L.D.S. Miss W. WILSON, DIP.DENT. SURG. (Warsaw).
School Dental Officers	.....	H. M. BOISSONADE, B.D.S., (Resigned) 8.9.62.
		Mrs. B. W. REUTT, DIP.DENT. SURG. (Warsaw).
		N. R. TAYLOR, B.D.S., L.D.S., (Resigned 13.10.62).
Orthodontist	.....	D. A. ANGUS, B.D.S. (Part-time)
Anaesthetists	.....	J. MOKRZYCKI, B.D.S. (Part-time) Resigned 29.5.62.
Dental Hygienist	.....	A. C. PRITCHARD, B.D.S. (Part- time) Apptd. 28.8.62.
Dental Attendants	.....	G. G. GRIFFITHS, L.D.S., Apptd. 1.10.62.
		D. LAL, B.D.S., (Punj.), L.D.S., Apptd. 5.11.62.
		E. K. BREAKSPEAR, L.D.S., D.ORTH. (Part-Time).
		{ DR. K. M. PARK, (Part-time). DR. D. W. EBRAHIM, (Part-time)
		Mrs. J. P. HILL
		{ Mrs. K. CARTWRIGHT Miss P. PARKYN Miss J. BRAYNE Mrs. J. GOODWIN Miss C. WARNER Mrs. P. BURNS Miss D. LIVINGSTONE Mrs. J. DAVIES, (Part-time)

# CITY OF COVENTRY

## SCHOOL HEALTH SERVICE

### 1962 Annual Report

The School Health Service,  
Council Offices,  
Earl Street (South Side),  
Coventry.

*To the Right Worshipful the Lord Mayor, Aldermen and Councillors  
of the City of Coventry.*

MY LORD MAYOR, LADIES AND GENTLEMEN,

I am pleased to present my annual report on the health of the school children of Coventry during 1962.

The school child population in the city for the year was 52,737 a decrease of 224 compared with the figure of 52,961 for 1961. Of these, some 13,076 pupils were examined at Routine Medical Inspections (16,467) (1961) a decrease of 3,391. The number of pupils attending independent and public schools was 2,636.

#### Staffing

Three Medical Officers resigned during the year — one to general practice — one to a D.P.H. course at Manchester University and one returning to school teaching from whence she had come two years before. Dr. M. Adams (Mrs. Porter) joined the staff 1st January, 1962, but otherwise we were increasingly dependent on G.P. locums in an attempt to cover our basic commitments.

The sessional work from General practitioners is welcomed but it is not always easy for some of them to be available during an entire session, particularly if emergencies should arise in their own practices : a situation which tends to be aggravated where one or two manned practices are involved. It does appear, because of the greater emphasis now being placed upon Preventive Medicine and the Social Services in the Medical teaching schools, that such an outlook is advantageous since it leads towards a greater mutual understanding between all those doctors, whatever branch of Medicine, who have the health interests of the Schoolchild at heart.

During the year two Assistant Medical Officers attended courses designed for the assessment of Mentally Subnormal Children.

The in-post nursing staff consisted of a Superintendent, two deputies and 51 Health Visitor/School Nurses. We welcomed Miss K. Davies as our new Superintendent in May, 1962, and hope she has a long and happy stay in the Health Department.

### Dental

The Dental Services contributed a total of 2,991 sessions ; there are 5 full-time Dental officers and 2 part-time. Unfortunately it has become almost customary each year, to draw attention to the dearth of School dentists and in 1962, this continued to be the case. Nevertheless there was a slight improvement in the Staffing situation when compared with recently passed years. This had a moderate beneficial effect in achieving a somewhat higher level of conservative dentistry. Mr. Smith, Principal School Dental Officer, provides a further commentary in the body of this report.

Mrs. J. Hill, the Dental Hygienist, has been carrying out most valuable work in the Schools and we together with the Head Teachers are greatly appreciative of this service.

The results of the Fluoridation tests in selected areas became available during 1962, and provided further vindication for the belief that such a measure would provide a wonderful contribution towards the future conservation of young children's teeth and which would inevitably have beneficial impact upon their dental health in future years.

### General Condition of Pupils

13,076 children were examined at Routine Medical Inspections during 1962, and of these, 310 were placed in unsatisfactory category (0·08%).

### Immunisation and Vaccination

Diphtheria immunisations for school children fell markedly during the year, 170 as opposed to 3,779 in 1961. This was mainly due to three reasons :

- (1) The massive smallpox campaign in the Spring which interfered with usual routine duties.
- (2) A shortage of Medical staff.
- (3) The possible development of a more apathetic attitude towards immunisation by the public. Where a dangerous disease has not made an appearance for some years there is a tendency to take the favourable situation for granted. It is a sad commentary that it sometimes takes the re-appearance of the disease or, regrettably, even a death from it to awaken the community to the danger.

Poliomyelitis vaccinations continued with 2,880 Primary and 13,510 Boosters being completed during the year. This figure compares with 6,896 Primary and 25,678 in 1961. Oral poliomyelitis vaccine is now the usually accepted method in Coventry but those who prefer protection by injection may still have it. The elevated figures for 1961 are the result of public interest in what was to them a new procedure for protection against this disease and also because of the method being more acceptable to children.

### **Infectious Diseases**

With the exception of dysentery, the incidence of all the remaining infectious diseases was much lower this year. There were only 234 cases of measles as opposed to 2,672 the previous year. Scarlet fever also declined from 138 to 76, and this is encouraging in the light of the increasing annual incidence over the preceding years until 1961.

*Food Poisoning* — Only three cases were reported, none of them associated with schools or school meals.

### **Dysentery**

Notifications have shown an increase from 175 cases in 1961 to 284 in 1962 and this was mainly due to co-operation from General Practitioners who undertook to notify all cases, even doubtful ones, for a specified period during the year. The cases were spread throughout the City and did not include any major outbreaks in schools, which was sometimes the case in previous years.

### **Contagious Diseases.**

*Scabies* — Scabies was found in 15 school children during 1962 as compared with 11 in the previous year.

*Ringworm* — Three cases only of ringworm came to light during the year — all affecting the body.

### **SPECIAL SESSIONS AT GULSON ROAD CLINIC**

#### **Chiropody**

Three sessions were available weekly for this service. The main attenders were those children suffering from verruca and other minor foot defects. We noted with regret that the square-toed shoe had not apparently 'caught on' in the shops when we took trouble to peregrinate around the appropriate windows in the City. The pointed-toe 'encumbrance' continues to hold sway and one tends to visualise a nation of 'young' middle-aged men and women perambulating in wheelchairs some 20 to 30 years hence because their feet will no longer be functional !

A report from Mr. Freke appears later in this report.

### **Ear, Nose and Throat**

Our close contact and co-operation with the consultants, Mr. Ogilvy Reid and Mr. Roland, is enhanced by the passage of years. The search for, ascertainment and follow-up of the very young child with hearing defects is responsible for this and also because our Medical Officers perform Audiometric testing : more too of the Health Visitors are being sent to Manchester or other appropriate centres for training in the detection of such defects.

Weekly sessional facilities for these consultants are available at our Gulson Road Clinic, and as reported last year, the waiting list for appointments is negligible. Treatments are still carried out by a Health Visitor experienced in E.N.T. work, at the request of the consultants.

### **Speech Therapy**

A remarkable change for the better occurred during 1962 in the recruitment of Speech Therapists. By the end of the year we had four full-time and one part-time therapist on our staff. One therapist works at the Gulson Road Clinic, one at Baginton Fields Special School and the remainder have peripatetic duties. This allows for sessional work being undertaken at outlying clinics and in various schools including Special Schools, on average some 25 sessions weekly. This is a considerable improvement over the previous situation and indeed we are now almost up to our authorised establishment of 5 Speech Therapists.

### **Heart and Rheumatic Clinic.**

These excellent monthly sessions conducted by the consultant Paediatrician, Dr. Parry Williams, provide a most valuable contribution to the better health of many young children.

## **SPECIAL SESSIONS AT OUTLYING CLINICS AND OUT-PATIENTS DEPARTMENTS**

### **Child Guidance**

A Consultant Children's Psychiatrist, Dr. Warner, was appointed by the Regional Hospital Board during 1962 to provide Specialist Service for the area of this Local Authority. This development had been earnestly looked forward to by everyone concerned and interested with the Mental well being of Schoolchildren — indeed all young children. So many children with psychiatric or psychological difficulties had been placed on the waiting list for psychiatric assessment that the situation was getting out of hand. With the appointment of Dr. Warner this difficult situation was greatly improved with almost immediate effect. We were fortunate in that the Birmingham Regional Hospital Board had agreed to allocate 9/11ths of Dr. Warner's sessional time to our Child Guidance Clinic.

Dr. Warner and Mrs. Hedges, the Senior Education Psychologist, provide a joint commentary upon the work of this Clinic at a later stage in this report.

### Ophthalmic Services

These facilities are operated by the Regional Hospital Board at the Coventry and Warwickshire Hospital and there is the fullest co-operation between the consultant staff and the appropriate staff of my Department. We continue to receive most helpful reports from the Coventry Local Optical Committee concerning those school-children with visual defects who have been examined by their appropriate staff.

### Orthopaedic Services

A consultant service allied to that which is provided by the Birmingham Regional Hospital Board in the Orthopaedic Department of the Coventry and Warwickshire Hospital, is available, fortnightly, at Baginton Fields School. Here Mr. J. H. Penrose, consultant Orthopaedician, provides specialist advice for the benefit of a number of Physically Handicapped Children in attendance at the school. We are greatly indebted to him for his helpfulness and for the interest he takes in our efforts on behalf of the children.

### Branch Clinic and Combined Centres

Because of the reduction in numbers and the change from severe to mild types of minor ailments coming to our attention during recently passed years, the Minor Ailment Clinics are now catered for by our school nurses or Health visitors rather than our Doctors. The total number of sessions for minor ailments available during each week are as follows :—

Central School Clinic.	5 sessions
Longford Park	2 sessions
Binley	2 sessions
Templars	3 sessions
Wyken	1 session

These are arranged according to local demand and although we had envisaged discontinuing most sessions, it would appear that we shall need to proceed with them in these areas for some time to come. Despite slowly decreasing attendances they are still of such number as to warrant a retention of this service.

### Anti-Tuberculosis Measures

The B.C.G. campaign in Coventry is now in its eighth year. This year the Heaf testing method was used almost exclusively and be-

cause of its quickness in operation was found to be advantageous in the light of the sizeable number of children requiring protection. There is marked enthusiasm among Coventry parents for this procedure which is offered as a routine measure for their children at age 13 years (and at an earlier age if considered necessary). Any confirmed cases of pulmonary tuberculosis detected in teaching or other staff is assiduously followed up with an investigation of all family contacts and thereafter B.C.G. vaccination is offered where appropriate. So far we have not found any unusual number of positive Heaf or Mantoux tests among child contacts and in this respect we may consider it fortunate.

<i>Acceptances</i>	<i>Mantoux/Heaf Positive</i>	<i>Mantoux/Heaf Negative</i>	<i>Given B.C.G.</i>
6,377	866	4,879	4,875

This table shows that only four children failed to have B.C.G. vaccination following Mantoux or Heaf tests. This was chiefly due to illness or particular family circumstances but it is encouraging to note that there were no *actual* refusals.

### HANDICAPPED PUPILS

I would once more emphasise the importance of Day Nursery Schools or classes for the observation and accurate diagnosis of the very young handicapped child. In this connection I would specially mention the value of the existing Observation and Diagnostic class at the Child Guidance Clinic and the Nursery classes at Baginton Fields School. It is relatively easy to sort out the child with a single serious handicap but it is extremely difficult to come to the right diagnosis, as in the multiple handicapped children, early enough to treat the most urgent of the handicaps. As is well known, under the Education Act 1944, the Local Education Authority have the duty to find and provide appropriate educational facilities for Handicapped Children over the age of 2 years. At the time of going to press we have approximately 100 such children between 1-5 years all of whom seem likely to need special education of some kind or another in the near future.

I would also mention that, in my opinion, it is essential that certain other Handicapped children notably the very young (2-5 years), query profoundly deaf, have a period of observation at the appropriate Day Nursery class before a decision about Residential School is made. Any handicapped child's final situation depends so

much on other factors as well as the major handicap that it would seem unfair to contemplate sending a young child to a residential school, with all the child and parental disturbances that may be implied, without the fullest possible home trial first.

A register is kept of all handicapped children from the moment of referral to the Principal School Medical Officer until final educational or other placement. This is quite apart from the "at risk" register, though some children may be on both lists.

### **Blind**

These children have to attend Residential Schools because of the paucity of their numbers. Two were diagnosed locally during 1962 and two were placed during 1962.

### **Partially Sighted**

All Coventry children ascertained in this category attend local units attached to ordinary schools. The Nursery and Junior class at Moseley Avenue still deal with younger children and the senior age group attached to Frederick Birds Secondary Modern School has settled down very well. The young partially sighted are referred to us usually through the Ophthalmic consultants and the Health Visitors.

### **Deaf**

In dealing with some parents of deaf children it is noticeable that they find difficulty in understanding that the hearing of sounds is not the most important factor but the hearing for speech and the understanding of language. Once this point is explained many doubting parents become fully co-operative. Our problem now is that the Local Education Authority, having developed day units for the partially deaf at Spon Gate School — it is obvious that the profoundly deaf are not really suited to the same teaching methods. They become potential Residential School candidates in the absence of any facilities for profoundly deaf children locally. This has led to some heartache on the part of the parents.

During 1962 it became obvious that there were at least 8 children of scattered age range between 4 and 8 who would need educational facilities for the profoundly deaf and the appropriate arrangements are being made.

### **Partially Deaf**

This group of children is very happily placed at the day units and all are making satisfactory progress. The Senior Unit for the partially deaf at Priory Secondary Modern School is doing really well and the

children are integrating with the ordinary children to a satisfactory degree.

### **Educationally Subnormal**

Ascertainment in this group by Medical Officers was slowed down during the year possibly by the resignation of approved Medical Officers and the pressure of other work. However, as we have persistent waiting lists for admission following ascertainment it would seem that we are keeping pace with the "supply" if not demand.

### **Epileptic**

It seems less than fair to place children with varying degrees and types of epilepsy under the same medico-educational umbrella. Children suffering from different types of epilepsy bear little resemblance to each other as a category, ranging as they do from those with uncontrolled episodes with very low intellectual capacity to the intelligent well set up boy or girl whose attacks are under control and perhaps occurring only at night. Consequently the number actually ascertained as in need of special education under this heading is very small, the remainder giving rise to few or no problems in school or outside.

### **Maladjusted**

The appointment of the Consultant Children's Psychiatrist, Dr. Warner, giving 9 sessions weekly has given all who deal with this type of child new hope. The hostel at Cromers Close takes 16 boys and girls 7-16 age range and the remainder go to Residential Schools elsewhere. Difficulty is experienced in getting places for these children whose symptoms may be aggravated during the waiting period. A report of the numbers of children seen and dealt with is given by Dr. Warner and Mrs. Hedges in their report elsewhere. A small experimental Day Unit was started at Fir Tree Lodge during 1962 for about 8 children and up to the present has run very well and is proving of immense value to workers in the field as an opportunity for observation at first hand.

### **Physically Handicapped**

Despite the disappearance of new cases of paralytic poliomyelitis and tuberculosis of bones and joints the numbers of physically handicapped children continue to increase. An unprecedented number of young handicapped children joined the waiting list for our Day School during the year. As already mentioned they form a considerable proportion of the waiting list of about 100 handicapped children between 2 and 5 years of age. We are lucky to have Baginton Fields School but despite the proposed new school it looks as if we shall need further facilities with as little delay as possible.

### **Delicate**

There is little change apparent in the children in this category from those coming to our notice within the last few years. There are three main groups :

- (a) the overprotected with poor school attendance and recurrent respiratory infections ;
- (b) The successive children from problem families as they reach the suitable age for admission, and
- (c) the asthmatic child.

It is with this latter group we have most success. I would emphasize that all these children, from whichever group, suffer from substandard health and are temporarily in the delicate category.

### **GENERAL COMMENTS—Miscellaneous reports**

#### **Enuresis**

The number of electric bell apparatus was increased to 14 during 1962. The number of treated cases was 16 and the number of successes 8. The shortest time taken for the bell to have its therapeutic effect was  $3\frac{1}{2}$  weeks and the longest 14 weeks. We need the complete co-operation of parents and children if there is to be hope of a cure. This type of work is not without its amusing side although the seriousness of particular situations are fully appreciated. For instance there was the persistent adolescent bed wetter who waited until her parents were asleep and thereupon turned off the switch for the apparatus. Her parents and my staff had waited patiently for results for several weeks before this manoeuvre was discovered. There are of course, too, the little boys who "want to see how it works," the children who are afraid of the apparatus ; and the families who "will not have their sleep disturbed for anyone or anything !"

#### **Verruca**

This condition continues to have its "nuisance" effect upon a number of children and although certain avenues and practices (e.g. surrounding swimming pools and in the dressing rooms ; barefoot gymnastics) are suspect, it is extremely difficult to say with certainty that such are the invariable sources of the infection.

#### **Vision Testing for the Under 5.**

Towards the end of the year we decided as an experimental measure to attempt vision testing of the under five children in our Nursery Classes. This is by way of assessing whether or not such a

procedure (which is quite time consuming) would be justified in the light of the numbers of confirmed cases of defective vision detected. Pugmire and Sheridan tests were used and a senior medical officer, the School Nurse with special responsibility for nursery school/class children and the class teacher collaborated. The results will be available in next year's Annual Report because all results on the follow-up of a proportion of the children were not available at the time of this report going to print.

### **Psychotic Children**

This group has only come to our attention during the past 5 years. At the moment three autistic children — all boys, are known to my officers. One of these boys, now attends an ordinary school, is intelligent and he appears to be improving. There are apparently so few coming within this category that it is difficult to decide how best their interests can be served. Most are being supervised by children's psychiatrists and my officers are not often called upon to make decisions about them although they may be among the first to see such cases at Toddlers' Clinics.

### **Tuck Shops**

There seems now to be an increasing awareness of the undesirability of eating certain types of carbohydrates e.g. sweets, biscuits, etc., between meals without thereafter cleansing the residue from the teeth. We find that a proportion of headteachers are now doing their best to encourage the purchase of those food commodities which are least likely to cause dental caries — this is indeed praiseworthy.

It is no longer reasonable to argue that children will, inevitably, resort to the purchase of sweets, cakes and other forms of damaging carbohydrates while on their way to and from school. The solution lies with the parents who must be persuaded to influence their children against such purchases. It would be of greatest help to the dental state of children if the schools would refrain from selling, upon school premises and particularly between meals, those sweet-meats and foodstuffs which are notorious for producing dental decay.

Those of us who practice Health Education find this subject together with that relating to the smoking of cigarettes by adolescents two of the most difficult to resolve effectively.

**General Comments :** In my last Annual Report I commented hopefully concerning the possible advantages to be derived from the introduction of a system of selective medical inspection for school children. The Coventry Education Committee had approved the institution of "pilot" schemes to give opportunity for future assessment of the effectiveness of such a measure in this City. I must report that by the end of 1962 the department was tending to run into some

difficulty both in its attempt to achieve necessary levels of medical staffing and because of the need to divert such staff to more emergent requirements. It is unlikely therefore through limitation of practical local experience that a realistic decision can be taken for some time as to the pros and cons of the selective system. I shall hope to report further in this connection in my succeeding annual report.

It is to be noted that there are occasional children whose interests can best be served by timely transfer from special schools for the physically handicapped-wherein they have received necessary treatment for their physical state- either to a special school for Educationally Subnormal Children or to a Training Centre. Such denotes a most helpful and essential liaison between the Education and Health Committee respectively. Unfortunately it is not always easy to place some handicapped children in appropriate employment when the time arrives for them to leave school : there is however, always close consultation by all to achieve a happy solution.

The headmaster at Baginton Fields School draws attention to the success achieved by the allocation there of a teacher of the deaf : to such extent that her sessional time has been increased with further beneficial effect.

It is cheering to read the senior physiotherapists' (Mrs. Hall's) remarks concerning Nurse Gore who has provided sterling service at this school during several eventful years. It seems appropriate that I should underline her helpful achievements since, regrettfully, the time is fast approaching (next year) when Nurse Gore is due to retire.

There are also comments (page 22) which draw attention to the need for occasional transfer of certain selected E.S.N. children from Alice Stevens School and Three Spires School respectively to the Senior Public Health Training Centre at the age of sixteen for further training, before taking up employment. It is well known that some of these E.S.N. children are too immature even at sixteen years for any kind of work and in any case need a transition period between school and industry.

Such an arrangement is clearly to the continuing advantage and progress of the children concerned. For a proportion of other E.S.N. school leavers, the aftercare scheme operated by the local education and health authority has been of inestimable help in guiding them into appropriate posts in open employment. It is observed too that the teacher of the deaf and speech therapist in attendance at Three Spires School provide a most valuable service. I am particularly pleased to note, almost as a theme within several individual reports which follow herein, the great degree of effective liaison and co-

operation at the Special schools and those at training centres — something which grows appreciably year by year and a trend which augers well in the interest of handicapped children.

By the end of 1961 we were on the point of witnessing the transference of children from the Paybody Orthopaedic Hospital to a ward set aside and adapted for this purpose at Whitley Hospital. The move materialised in February 1962, and although there was much comparative heart searching at that time it seems that the children will not be at any disadvantage in their new quarters. I shall hope to make further comments as to progress in my next Annual Report. Meanwhile Miss B. M. Day comments about the new arrangement on page 24.

Justifiable emphasis is placed (page 25) upon the considerable measure of integration which has occurred as between the unit for Partially Deaf children at Spon Gate School and the primary school itself : all within the same school curtilage and providing yet another example of effective liaison and leadership. This is much to the advantage of all children concerned not least for those who are hard of hearing.

The improvement in health of those children who become temporary residents at Corley Temporary Residential School continues to provide great satisfaction to parents and staff alike. There have been the few cases of infectious disease but nothing to cause undue concern.

A fairly high proportion of children at the City of Coventry School, Cleobury Mortimer, were afflicted with german measles during the spring term. A high proportion of children at this school were vaccinated against Tetanus — a sensible move one feels in view of the many cuts and bruises sustained and, not least, because of the agricultural nature of the terrain.

It is a pleasure to report upon the slightly higher number of dentists available for school dentistry during 1962 and this had encouraging effect in providing conservative dental treatment for a somewhat higher proportion of school children. It was also a happy arrangement to acquire for greater sessional time the orthodontic services of Mr. E. K. Breakspear. The innovation too of dental x-ray equipment at the Central School Clinic (something which it is hoped may also be provided in succeeding years for selected peripheral clinics) has obviously been a timesaver and of the greatest advantage in achieving prompt diagnostic results and, thereby, assisting earliest treatment of dental defects. The part-time assignment of our Dental Hygienist, Mrs. Hill, to dental health education work within the schools has been of much help in achieving a wider appreciation of the benefits to be derived from good standards of oral hygiene.

It is most rare that I have opportunity to include in my Annual Report a commentary and words of " sage " advice from those at the receiving end of the service—namely the schoolchildren. I make no apology therefore and indeed take pleasure in quoting the composite effort by a class of 8-9 year olds at the Stoke Heath Junior Mixed school : this on the subject of Dental Hygiene :—

" Be sure to clean your teeth  
 When in the morn you rise,  
 And clean them every night  
 Before you close your eyes.  
 Yes — morning, noon and night  
 Clean teeth, to keep them right."

Good advice surely from which most can derive benefit. I wish to thank Mr. A. Chadbourne, Headmaster for the initial " copyright !"

I have commented in previous reports upon the advantages of " Fluoridation " and I hope that careful note will be made of your Principal School Dentists remarks on Page 31. His comments are a further reminder of the benefits to be gained by future generations after (we both hope most sincerely) this progressive and safeguarding preventive measure comes to be instituted for [this City. I would mention too the effective liaison between school dentists and speech therapists as a supportive measure to help overcome a number of childhood speech defects.

In the field of school nursing I would emphasise the strengthening links developing between our designated nurses and their appropriate hospital colleagues. Such liaisons are of prime importance to children during their first acceptance into hospital and thereafter, upon their return into home environment. Encouraging liaisons too are extending between our Health Visitors/School Nurses and the General Practitioners.

Miss K. Davies was appointed as Superintendent Health Visitor and took up her duties on 14th May, 1962; thereby succeeding Miss M. Lloyd who retired on 26th January, 1962. We welcome Miss Davies and trust that her administrative duties which assimilate school nursing, will be of the happiest and rewarding.

It is timely for me to offer our thanks to Dr. S. W. Gillman for the decade of part-time psychiatric service he has provided at the Gulson Road Child Guidance Clinic. He withdrew from this work when in April 1962 Dr. James Warner was appointed as full-time Child Psychiatrist to the Coventry Area, by the Birmingham Regional Hospital Board.

It will be remembered that the City Council approved a scheme for a fully integrated Mental Health Service to include the local Child Guidance Service — and in which Dr. Warner will hold a key position as psychiatric adviser.

We in the School Health Service wish Dr. Warner well in his future endeavours (we have waited patiently, several years, for the time when a Children's Psychiatrist would be allocated to our local requirements) — and trust that he will find his work rewarding here and the future developments in the service to his liking.

My grateful thanks are due to each and every member of my staff for their industrious application throughout an interesting year. We are indebted to our hospital colleagues, Medical, Nursing, Auxiliary and Administrative for their most effective help and liaisons in the interests of schoolchildren. Thanks too are due to our colleagues of the Coventry Executive Council staff and to General Practitioners for their valued helpfulness. It is again my pleasure to express sincere appreciation to the Director of Education and to all his staffs, both teaching and administrative, for their assistance which is always freely available. My appreciation is also extended to Dr. M. M. Gaffney, Mr. G. Hubbard and such others of my staff and colleagues who have assisted or contributed in any way to the content and compilation of this report.

In conclusion both on my own account and on behalf of my staff in the School Health Department I wish to renew thanks to the Chairman and Members of the Education Committee and those of their Special Services and Special Schools Committees for their continued interest in the affairs of the department but, most importantly (since it is the "raison d'être,") in the health, welfare and progress of all schoolchildren who come under their care.

I am, my Lord Mayor, Ladies and Gentlemen,

Your obedient servant,



*Principal School Medical Officer.*

### School Population, Accommodation, Attendances

At December, 1962 there were 141 Primary and Secondary Schools (including the City of Coventry School) being maintained by the Local Education Authority, viz :—

- 101 Primary and all age schools
- 20 Secondary Modern Schools
- 4 Secondary Selective Schools
- 8 Comprehensive Schools
- 7 Special Schools
- 1 Nursery School

The Primary, Secondary, Special and Nursery Schools are divided as follows :—

- 110 County Schools
- 12 Voluntary C.E. Schools
- 19 Voluntary R.C. Schools

Number of children on registers, January 1962	.....	49,950
Number of children on registers, December 1962	.....	50,101
Average percentage attendance of all schools for 1962	.....	91.98%
Number of children attending independent and private schools	.....	2,636

### REPORTS FROM SPECIAL SCHOOLS AND CLASSES

#### Baginton Fields School for Physically Handicapped Children.

Dr. E. M. Wilkins reports as follows :

“ It is a pleasure once again to report on the work of Baginton Fields School.

During the past year I have attended the school regularly each week and have dealt with a surprising number of minor problems. These include, of course, referrals to the Eye, E.N.T. and Dental departments and also investigations such as Audiometry.

New entrants to the school have been examined and in many cases I have already visited these in their own homes for the initial assessment. I find this contact with the parents most interesting and valuable.

This year several children who no longer required physical treatment were transferred to the special schools for E.S.N. pupils or to the Training Centre as it was felt that their interests would be better served by this form of provision.

Consultant clinics have been held regularly at the school by Dr. Parry Williams and Mr. Penrose and we are greatly indebted to them for their continued help and interest in these children.

A case conference has been held each term to discuss the possibility (if any) of employment and/or further training for the leavers.

Unfortunately it is becoming more difficult to place these handicapped children in suitable employment and this causes us considerable anxiety as to their future welfare and happiness.

There continues to be a long waiting list chiefly in the 2-5 age group and this again is a cause for concern as all these children urgently require the special facilities which are available at Baginton Fields School.

Once again it is a great pleasure to express my most sincere thanks to Mr. Bowstead and his staff for their unfailing co-operation and kindness during the period under review."

Mr. L. Bowstead, Headmaster, reports :

"The year 1962 was a year of consolidation whereby the experience of the previous years was used as a basis for further progress, both educationally and medically.

The trends previously noted in regard to an increase in the numbers of heavily handicapped children and children with multi handicaps were again obvious.

During the year the partially sighted unit moved to Frederick Bird Secondary School, and immediately we were very conscious of the amount of physical ability which had been drawn away from the School. As a result of this extra staff had to be engaged.

The age range of the School remains fairly constant, that is from 3 to 17 years. Owing to the pressure of admissions it has not been possible to retain at School a number of children who would have benefited by continued education. It is hoped that with the provision of our new School the additional accommodation envisaged for Further Education will be available as a space where children over the School leaving age will be able to receive additional education by day.

We are shortly anticipating the delivery of a further lift ambulance — this time a gift from our friends at Stoke Secondary Girls' School.

We have been particularly fortunate in staffing replacements, and we are once again in a position to note the advantages of stability, both in medical and teaching staff. The use of the teacher of the deaf has proved so successful that her time has been increased, but at the moment of writing we are anxiously seeking the services of a full-time teacher of Domestic Science.

Once again we have received visitors from many parts of the world, and have welcomed a number of teachers from overseas who have served for a while on our staff. It is nice to think that the experience and success of Baginton Fields School may be helping handicapped children in all parts of the world as a result of these visits.

Mrs. M. M. Halls, reports :—

“ The total staffing is as in our previous report.

The place of Mrs. Howitt has been taken by Mrs. Railton, who has quickly integrated herself with the treatments and methods in operation in this School.

Once again we are delighted to pay tribute to the tremendous co-operation shown by our Consultants and Dr. Wilkins who exercises the day-to-day medical control of the School, together with that of Dr. Gaffney, whose overall supervision is responsible for the smooth running of the department. We are particularly grateful to Nurse Gore, as in her position as Health Visitor/Nursing Sister the liaison with School, home and therapy, has been exceptional.

The total number of treatments per week can be clarified as follows :—

Cerebral palsy and other conditions of spasticity	....	....	....	....	76
Poliomyelitis	....	....	....	....	34
Heart and Chest conditions	....	....	....	....	45
Tuberculous joints	....	....	....	....	1
Spina Bifida	....	....	....	....	8
Perthes' Disease	....	....	....	....	6

The orthopaedic maintenance work has once again been carried out under the supervision of Mrs. Jones. In the provision of surgical boots, additional to the normal supply, we have been indebted to the Boot Fund who have been most generous in their help.

Mrs. D. Roberts, Speech Therapist, reports :—

“ During 1962, some 35 children received speech therapy at Baginton Fields School.

Of this number 25 came under the heading of Cerebral Palsy, two of which had the additional handicap of severe hearing loss. The remaining 10 consisted of one stammerer, one repaired cleft lip and palate, one wasted throat and tongue muscles, one with disturbed speech following a road accident, and six with varying degrees of dyslalia.

The age range of these children was from Nursery School age through to School leaving age, and they all attended either twice or three times weekly.

The response to treatment was on the whole very satisfactory."

### **Alice Stevens Day School for Educationally Subnormal Children**

Dr. M. Lawson reports :—

" In my capacity as Medical Officer to the Alice Stevens School for Educationally Subnormal Children I have continued to experience a very happy working relationship with all the staff in efforts to promote positive health and maximum socialisation of the children.

It was not necessary during 1962 to report any child as being unsuitable for school, but those two leavers who were unsuitable for immediate employment in open industry were transferred to the Public Health Senior Training Centre, where under more sheltered conditions they can receive the necessary training to enable them subsequently to participate successfully in adult responsibilities.

In addition the special social aftercare scheme has continued to provide unfailing help for those leavers in various difficulties, and many parents have expressed their gratitude for assistance received from the two welfare officers operating the scheme.

### **Three Spires School for Educationally Subnormal Pupils**

Dr. M. Hommers and Mr. W. J. Hart report :—

" During the year there have been many changes of staff. Mr. T. G. Monks left the school in April to take up a new appointment in the field of teacher training, and six new appointments were made from 1st September.

The school has increased in size during the year to 191 with an age range of five to sixteen years.

Fifteen children have left for employment since the last report and of these three have yet to find employment of any kind. At a time when the problem of placing our leavers in suitable jobs is such a pressing one, it is gratifying to have the support and co-operation of Mr. Walsh of the Senior Training Centre at Torrington Avenue who is prepared to help by taking the more severely sub-normal for a training period. Such co-operation will, it is hoped develop, since greater understanding of our mutual problems must result from exchange of experience.

The high standard of general health amongst the children has been maintained and the attendance is satisfactory.

Dr. Hommers has been able to visit the school twice a week during the year, seeing large numbers of parents and children with special reference to new admissions and as part of the general programme for school leaving together with hearing tests and routine medical inspections. It is hoped that this important work continues. Mrs. Leslie, speech therapist, and Mr. Mitchell, teacher of the deaf, have been regular visitors to the school. Their work and specialist advice is invaluable. Nurse Luckman left the school at Easter and her place was taken temporarily by Nurse Wardle of Alice Stevens' School, who commuted between the two schools and did valuable work at no little inconvenience to herself. Our special thanks are due to these two nurses as well as to Mrs. Oakley and Mrs. Trafford, for the devoted way they have cared for the children in the school.

Number on roll 31st December, 1962 .....	187
Children transferred to Residential Schools .....	7
Children transferred to Bramcote.....	2
Children transferred to Approved Schools .....	1
Children transferred to the Deaf Unit .....	1
Children reported as unsuitable for school .....	2
Moved to other areas .....	1
New admissions during the year .....	48

### Corley Residential School

Dr. M. D. Daly reports :

" During the past year Corley Residential School has continued to flourish.

Approximately two-thirds of the places there accommodate children who are delicate and the remaining one-third are occupied by children who are educationally sub-normal.

The standard of health has been good apart from a few cases of intercurrent infections and childish ailments. In fact the children suffered from far less minor ailments than might be expected. Three children had measles and one had mumps. Two children developed Infective Hepatitis shortly after returning from their Christmas holidays. These were isolated at Whitley Hospital and there were no further cases.

We were fortunate in gaining the services of a Speech Therapist, Mrs. Briscoe, who attended the school once a week from May, 1962. In September she was succeeded by Mrs. Fry who continued the good work.

The daily health of the children is very well supervised by Nurse Connolly assisted by Nurse Brown and Nurse McGovern. They also conduct some of the children to the Consultant Clinics at the Hospital.

The Headmistress, Mrs. Phillips, left the school at Christmas 1962 and Mr. Sidery the Deputy Headmaster has continued as Acting Headmaster."

### **Whitley Hospital School**

Mrs. B. M. Dey, Acting Headteacher reports :—

Contrary to expectations, the year opened with the children still at Allesley although school equipment had been moved to Whitley early in December in anticipation of the expected removal to the new premises at Whitley Hospital. The term started with 17 children, and another month was to elapse before the move took place on February 7th. The commencement of the year was further marred by the regrettable sudden illness of the Headmistress, Miss M. C. Craven, which unfortunately necessitated her absence on sick leave until Easter, 1962, and for a further period later in the year.

The new premises consist of one half of a large ward block, divided into three sections, for Nursery children, boys and girls respectively, separated from each other by glass partitions and sliding doors. These sections provide compact teaching spaces for the older children but unfortunately the partitions are not of ceiling height, and noise from the children of pre-school age is frequently disturbing. There is an attractive but small school-room adjoining. This is used on a rota system by groups of children, and a session in the school room, with its large windows giving an uninterrupted view of the Hospital drive and grounds, is regarded as great privilege.

During the year 89 children of school age received treatment for varying periods as follows :—

6 months and over .....	.....	12
3 — 6 months .....	.....	11
1 — 3 months .....	.....	21
1 — 4 weeks .....	.....	39
less than 1 week .....	.....	6

Disabilities included Perthes disease of the hip, tuberculous bone and joint conditions, old poliomyelitis, various fractures, muscular dystrophy, skin complaints, club foot, haemophilia, toxic arthritis, spasticity, and spina-bifida.

The presence of the school at Whitley has provided an opportunity for children from other wards in the Hospital to receive schooling when their physical condition permits.

There has been a noticeable shortening of the time spent in hospital, due apparently to new methods of treatment, earlier diagnosis of faults, and the opportunity of transfer to Baginton Fields School.

A pleasing feature of the year's work has been the improvement, physically and socially, of some of the younger and more handicapped children, upon their introduction to school life. A transformation from apathy to interest and self-confidence has taken place, and they obviously felt sense of purpose and achievement in working with other children in small groups.

In retrospect, the school appears to have had a good year. The move to new premises has been successfully negotiated, the school has been accepted as an interesting addition to the existing Hospital, and friendly and helpful relationships established with Hospital personnel.

### **Partially Deaf Unit, Spon Gate School**

Mr. Coomb, Head Teacher and Miss M. L. Gardiner, Teacher-in-charge, report as follows :—

"The work of the Unit continues to develop and as year succeeds year a changing pattern is becoming evident. It is now true to say that we are no longer a separate department, but an integral part of this Primary School. This has always been our aim for we have felt that only when partially hearing children are fully integrated in a hearing environment can realistic adjustments be made to their hearing defects, and the balanced development of the whole child be achieved.

Nevertheless this success has only been realised for the children who have useful residual hearing for speech. There are some children who will need other provision if they are to make progress in language commensurate with their innate ability.

In September Mrs. Hewitt undertook the pre-school guidance of parents of deaf children and Miss Paul replaced her as a Nursery teacher. In December Mrs. Hewitt left and her highly important work was taken over by Mrs. Turney.

Mr. P. E. Roland has kindly agreed to be our consultant Otologist and we are most grateful to him. He visits the school for case conferences on an average of once per term or as often as necessary."

### **City of Coventry School**

Dr. P. N. Stanbury reports :—

“ In 1962 there was a slightly higher incidence of minor illnesses, and there were 208 cases admitted to sick quarters. There were 54 cases of rubella, in the Spring Term, and visiting by parents was curtailed during this period in order to reduce the possibility of mothers being infected. There were 4 cases of glandular fever, and 2 cases of osteomyolitis. Minor cases seen by a doctor in outpatients totalled 216.

In February, after a number of cases had occurred elsewhere in England, an attempt was made to give a high rate of protection against smallpox, and 153 vaccinations were done at the school. Active immunisation against tetanus was also thought advisable, in view of the many minor cuts and abrasions sustained at school. Most of the protected boys had their full course of immunisation.

New building of the kitchen quarters is due to start in the coming year, and this will be a much needed improvement.”

### **School Psychological Service**

Mrs. P. Hedges, Senior Educational Psychologist, reports as follows:

“ 1962 brought changes within the Child Guidance Clinic and School Psychological Service. After 10 years Dr. S. W. Gillman relinquished his position as part-time Consultant Psychiatrist at the Child Guidance Centre when, by arrangement with the Regional Hospital Board, Dr. J. Warner was appointed in April 1962, as Consultant Children’s Psychiatrist for nine sessions each week.

The Educational Psychologists were Mrs. P. Hedges and Mr. H. K. Hawkins (full-time) and Mrs. E. Firth (part-time) who was appointed in October. Mr. J. Staples commenced as Trainee Educational Psychologist in September, Miss M. Sharp having resigned from this post in August.

Mr. E. McCoy, Senior Psychiatric Social Worker, continued to attend for two sessions and Miss E. S. Doherty, Psychiatric Social Worker, for eight sessions, by arrangement under the Local Authority Joint Mental Health Service. Mrs. U. Chisholm continued as full-time Social Worker.

The Staff of Teachers consisted of the Teacher-in-charge of the Observation and Diagnostic Class, Mrs. G. R. Jones ; the Senior Remedial Teacher, Mr. W. J. Fitzgerald ; the Remedial Teachers, Mr. M. Davies, Mrs. D. Glowacki, Mr. A. Jordan and Mrs. J. Tucker. Mrs. I. Pearce joined the staff in September when Mrs. Tucker was given leave of absence to attend a University course.

Dr. M. M. R. Gaffney, Senior School Medical Officer, continued to attend weekly to conduct medical examinations.

The aim has been to allow for a greater number of cases to be seen on the classical "full team" basis so that investigation may be carried out in the psychiatric and psychological fields, and the home and school background fully assessed. Efforts have been made to reduce the time of waiting for initial diagnostic interviews but even so up to the end of 1962 there was an average of two months waiting period between referral and interview. Further, the waiting list of children for whom regular therapy is decided, will continue to be very long until further staff are available, particularly psychiatric social workers. For those children in need of remedial treatment the waiting period is from six to nine months.

The following tables summarise the work covered in the School Psychological Service and Child Guidance Clinic.

#### Total Number of Children Referred and Interviewed

Referred—on waiting list—31.12.61.	.....	.....	.....	69
Referred during 1962 .....	.....	.....	.....	698
Interviewed .....	.....	.....	.....	699
Removed from waiting list .....	.....	.....	.....	13
Remaining on waiting list—31.12.62	.....	.....	.....	55

#### Initial Interviews

Interviews by Consultant Psychiatrist .....	.....	.....	179	
Assessments by Educational Psychologists .....	.....	.....	562	
Assessments by Remedial Teachers (including 29 referred for further assessment) .....	.....	.....	190	
Social Histories —				
(a) Taken by Psychiatric Social Worker & Social Worker .....	.....	.....	239	
(b) Taken by Psychologists .....	.....	.....	108	
Medical examination — for ascertainment as E.S.N. ....	.....	.....	48	
— physical examinations .....	.....	.....	28	

#### Attendance for Treatment

Psychiatrists — Individual Psychotherapy .....	.....	.....	770
— Group Therapy .....	.....	.....	97
Psychologists — Individual Treatment .....	.....	.....	533
— Group Therapy .....	.....	.....	1,227
— Remedial Treatment .....	.....	.....	147
— Parent Interviews .....	.....	.....	64
Social Workers — Interviews and Treatment of Parents .....	.....	.....	1,374
Remedial Teachers — At Centre .....	.....	.....	3,661
— In School Groups .....	.....	.....	6,026

The approximate number of children receiving treatment in each month :—

45—64 (Psychiatrist)                    50 (Psychologist)

175 (Remedial Teachers)

#### Source of Referral

Head Teachers .....	389
Director of Education .....	30
School Medical Officers .....	151
Paediatricians .....	17
Other Specialists .....	9
General Practitioners .....	49
Probation Officers .....	22
Children's Officers .....	56
Parents .....	34
Others .....	3

#### Problem as Referred

Nervous disorders .....	62
Habit disorders .....	59
Behavioural disorders .....	162
Organic disorders .....	3
Psychotic disorders .....	
Educational and Vocational Problems .....	442

#### Recommendation after Initial Interview

No action .....	106
Follow up .....	163
Therapy — Individual with Psychiatrist .....	77
— Individual with Psychologist .....	10
— Group .....	24
(plus counselling and treatment of parents in most cases) .....	
Counselling with parents only .....	4
Inpatient Hospital Treatment .....	5
Treatment elsewhere .....	8
Remedial Treatment .....	99
Special Schools — for E.S.N. Children .....	64
— for Maladjusted Children .....	6
— for other Handicaps .....	4
Other Schools .....	5
Diagnostic & Observation Class .....	6
Unsuitable for Education .....	2
Referred by Remedial Teachers for Further Investigation and included above. ....	29
Recommendation not determined .....	7
Interim reports on E.S.N. Children .....	19
— Physically Handicapped Children .....	45
— Partially Sighted Children .....	1
— Partially Deaf Children .....	8
— Children in the Care of the Local Authority .....	36

**Follow-up Enquiries**

Psychiatrist .....	59	Psychologists .....	144
Social Workers .....	117	Remedial Teachers .....	276

The total number of children ascertained as maladjusted and recommended for :—

- (a) Residential Schools for Maladjusted Children ..... 8
- (b) Fir Tree Lodge, Day School for Maladjusted Children ..... 9
- (c) Cromers Close Hostel for Maladjusted Children ..... 7

The Psychiatric Social Workers and Social Worker have achieved good results from their work with the parents of maladjusted children and their close liaison with the various schools and Cromers Close has been effective.

Visits of Educational Psychologists to schools remained at a minimum and only Baginton Fields amongst the Special Schools received regular weekly visits. It was, however, possible to reintroduce weekly visits to the Grange, Reception Centre of the Children's Department.

**Chiropody**

Mr. A. T. E. Freke reports :—

“ During the year 1962 clinics were held at Gulson Road School Clinic on Tuesday afternoon, Thursday afternoon, and Friday morning.

A total of 2,239 treatments were given.

New cases .....	.....	.....	430
Patients discharged .....	.....	.....	351
Referred to Dermatologist .....	.....	.....	5
Referred to Orthopaedic .....	.....	.....	3

**Dental Report**

Mr. J. A. Smith, Principal School Dental Officer, reports :—

The year 1962 brought disappointments and also its achievements, but at the end of the year a small increase in the number of teeth conserved and a small decrease in the number of teeth extracted showed at least a move in the right direction. A similar small increase in the number of children inspected at schools pointed to the hope that 1963 might show a more substantial increase in this positive direction. When there is opportunity for routine school dental

inspections to be followed by treatment these inspections will be arranged, and it is my hope that there may soon be an improvement along these lines.

The staffing position at the end of the year showed a slight improvement on the position at the beginning of the year, although there had been various fluctuations in between. Two full-time dental officers resigned during the year, from our total of five. Mr. H. Boissonade left on September 8th, but continued to attend on one day each week, and Mr. N. R. Taylor resigned on 13th October and Mr. D. Lal commenced on November 5th.

Part-time dental officers assisted during the year and I was most grateful for their services. Mr. D. A. Angus continued to attend on Saturday mornings and Mr. A. C. Pritchard attended for five sessions per week from August 29th, this being later increased to six. Mr. D. V. Harry attended for three sessions per week between April 4th and June 29th, and Mr. J. Mokrzycki who had been attending for two sessions each week discontinued these on May 29th.

Dr. K. M. Park and Dr. D. W. Ebrahim continued throughout the year to administer our general anaesthetics, and in January weekly general anaesthetic sessions were introduced at Tile Hill Clinic, thus obviating the need for such cases to journey to the Central Clinic at Gulson Road.

Since 1950 Mr. E. K. Breakspear had accepted at his orthodontic practice patients referred from the School Dental Service, but from February 1962 this arrangement was changed so that Mr. Breakspear could attend the Central School Clinic for three sessions each week. This had the advantage of bringing this important aspect of children's dentistry more closely into the service and offering greater opportunity for discussion of cases.

An important acquisition by the department was that of a dental x-ray apparatus in March. Until this date it had been necessary to refer all cases requiring radiographs to hospital, a service which has been very much appreciated over many years, but the installation of an x-ray machine at the School Clinic made for increased efficiency and convenience.

March also saw the opening of the new dental surgery in the infant Welfare Clinic at Stoke Aldermoor.

A valuable contribution to the year's work were the visits of Mrs. Hill, part-time dental hygienist, to schools and welfare clinics to carry out dental health education, and I would like to express to Head Teachers my appreciation of the co-operation they have given when Mrs. Hill has visited their departments.

Assuming acceptance by Local Authorities of the case for fluoridation of water supplies to the concentration of one part per million, the most important measure of the year towards the reduction in the incidence of dental caries was the Minister of Health's welcome announcement on December 10th that the expenditure by Local Authorities on fluoridation would be approved by himself and the Secretary of State for Scotland. Of all the actions taken by central and local authorities to improve the health of the nation none has been subjected to such careful investigation as has the fluoridation of water supplies, no disadvantageous effects have so far been observed and it is reasonable to suppose that none exists (British Dental Journal 18.12.62). This was indeed a positive step and I believe future generations will have cause to view it with deep gratitude. At the same time it must not in any way diminish the practice of other methods of reducing dental decay. Correct diet, with attention to those foods which encourage a physiological cleanliness of the teeth and mouth, and intelligent oral hygiene will remain of the utmost importance. Dental decay must be opposed by all proved methods, and although I welcome fluoridation as a powerful weapon in the battle for dental health, it must not be regarded as an excuse for the dereliction of the individual's care of the teeth.

In conclusion I offer my appreciation to all who have brought to the work of this department their skill and service, their loyalty and patience.

1962	<i>School Children</i>	<i>Infant Welfare</i>	<i>Ante Natal</i>	<i>Total</i>
FILLINGS Permanent Teeth	10,056	—	262	10,318 (9,468)
FILLINGS Temporary Teeth	432	34	—	466 (194)
EXTRACTIONS Permanent Teeth	3,396	—	218	3,614 (4,718)
EXTRACTIONS Temporary Teeth	7,395	769	—	8,164 (8,245)
Other operations	3,138	76	193	3,407 (2,533)
Administration of General Anaesthetics	2,732	307	26	3,065 (2,821)
Attendances	19,894	732	515	21,141 (19,785)

The Figures in brackets are the Corresponding Totals for 1961.

### **Ear, Nose and Throat Sessions.**

Mr. W. Ogilvy Reid reports :—

“ I have continued to attend at the School E.N.T. Clinic in Gulson Road on alternate Wednesdays during the year and I find this clinic a useful arrangement as it is held in the same building as the other Paediatric Services. The liaisons with the Peripatetic Teachers for the hard-of-hearing are available when necessary.

“ The location of the Clinic is also convenient because of its close proximity with Gulson Hospital, where the x-ray services are available when necessary and always expeditiously and very well carried out.”

### **Nursing**

Miss K. N. Davies, Superintendent Health Visitor comments as follows :

The Health Visitor/School Nurses have been kept very busy in 1962. They have assisted the School Medical Officers in the routine medical inspections and have done the follow-up home visits which have resulted.

Some Schools have only been able to find limited and certainly not ideal accommodation for these examinations, due, no doubt to the large number of children attending school. In the majority of schools the co-operation between headteachers, staff and the Health Visitor and School Nurses has been excellent but there are still those few schools where the visit of the Health Visitors and School Nurses is regarded as something of an intrusion if not a nuisance.

Head inspections have continued at the schools and it is gratifying to record that the incidence of verminous infestations had fallen in 1962 — a trend which we hope will continue throughout 1963, with still greater effect. With a full establishment of nursing staff it would be of greater advantage to undertake a wider and more regular surveillance of general personal cleanliness among school children — this to include the body, teeth, hands and feet. One feels that there is much scope for Health Education in this important field of personal cleanliness and personal habits of health and hygiene.

More enuretic machines have become available and this has allowed of increased work being accomplished for enuretic children.

In the early months of 1962 some 220 sessions were held for a vaccination against Smallpox. This made considerable inroads into the more routine activities of our Health Visitors and School Nurses. Liaisons have been extended between the Health Visitors and School

Nurses and the Coventry hospitals and we have liaison officers visiting the maternity wards and childrens wards weekly. At Bramcote Hospital similar liaison visits occur fortnightly. It seems apparent that with the development of the hospital and Local Authority provisions under the National Health Service Act, these types of liaison will extend in a number of ways and this will provide encouraging variation and interest in the work of our nurses.

Home visits have been made to children who attend the hospital outpatients consultant clinics and to those also who have defaulted in their treatment. In these latter instances the matter is discussed with the parents and further hospital appointments are arranged whenever possible.

The Health Visitors/School Nurses have continued their visits to those families of children who have been found to be Mantoux and Heaf Test positive and the necessary investigations and references have been made and advice given.

Home visits have been made to notified cases of dysentery and advice on personal cleanliness and management given. There has been increased liaison between the General Practitioners, Health Visitors and School Nurses. A letter was circulated to all General Practitioners in the area, during 1962 giving information concerning clinic locations, the areas served, telephone numbers and the hours when our Health Visitors/School Nurse staff were available. To date the General Practitioners have only availed themselves of this service spasmodically-mainly, it is felt, because they are not fully aware of the entire scope of the Health Visitor/School Nurses work. The Health Visitors/School Nurses have approached General Practitioners on numerous occasions and the co-operation offered to or requested by the doctors concerned has been readily given and invariably accepted with appreciation. It is anticipated that this type of mutual arrangement will extend considerably in future years.

Immunisation by the use of oral poliomyelitis vaccine (administered on sugar lumps) has provided additional work and responsibility for the Health Visitors/School Nurses but the children have obviously appreciated the change from injections.

Health Education has been practiced by our Health Visitors/School Nurses in a number of schools and the subjects dealt with have included mothercraft, personal cleanliness, available Special Services. It is envisaged that health education will continue to expand in content and coverage and will eventually embrace other schools in the city.

The Health Visitor/School Nurses have given assistance and advice to many handicapped children attending Special Schools and

to parents also at their homes. This work demands much time, patience and not a little skill because there are diverse problems, both mental and physical which can arise in the home where a handicapped child is concerned. There is room for much more time to be spent in this field of work.

During the seven months I have been Superintendent Health Visitor in this City I have been much impressed by the nursing service but, as would be expected in these modern times, there is room for expansion and improvements in certain directions. We will require additional staff if we are to attain the ideal service to which we aspire. Our existing staff are able and highly qualified and we wish to use them to full advantage. This would be the better achieved by the greater availability of full-time clinic nurses of whom we have three at the present time. These nurses work under the supervision of the Health Visitor/School Nurse and assist at cleanliness inspections, minor ailments clinics and other duties assigned to them. Such an arrangement economises on the time of the Health Visitor/School Nurses who are thereby enabled to undertake more work in which their advanced training and experience fits them.

With the availability of more staff it would be possible for the Health Visitor/School Nurses to concentrate to a greater extent upon the quality rather than the quantity of work achieved and this would be to the advantage of the schoolchild, in the longer term context.

Despite any difficulties encountered the Health Visitor/School Nurses can look back upon 1962 with satisfaction on work well done and are looking forward to 1963 when it is hoped there will be opportunity for their work to have still further interest.

Miss Lloyd, Superintendent Health Visitor retired in January, 1962 and Miss K. N. Davies was appointed as her successor in May, 1962.

Five Health Visitors/School Nurses resigned from their posts, two for domestic reasons, one to a more senior post and two to other Authorities. Two further Health Visitors/School Nurses transferred to part-time duties with this Local Authority.

Seven students returned from the Health Visitors training course in July having qualified as Health Visitors and seven more were admitted to the training course at Birmingham in September.

One further full-time Health Visitor was appointed in November.

### **Speech Therapy**

Miss B. Carr reports :—

" During the past year the speech therapy situation has improved considerably as in April another full-time Therapist was appointed. Mrs. Briscoe's duties are peripatetic and she re-opened speech clinics in many districts to ensure that children did not have to travel too far from school for treatment. In November another full-time Therapist, Mrs. Fry, came to us and with her help it should be possible eventually to reduce all the waiting lists in the City to a minimum.

Mrs. Roberts now works full-time at Baginton Fields P.H. School, Mrs. Briscoe takes sessions at Alice Stevens E.S.N. School, and Mrs. Leslie at Three Spires E.S.N. School. Corley Open Air School is also provided with one session of speech therapy a week.

I have continued to work at Gulson Road. It has been extremely helpful to be able to seek advice from the School Dental Officers on the question of the possibility of certain dental abnormalities having a detrimental effect on articulation.

The School Nurses and Health Visitors continued to give valuable help in providing details of a child's background. In certain cases they have made special home visits to ensure that the mother attends for an interview. Such a preliminary interview has to take place before speech therapy can be attempted with the child concerned.

Number of cases treated or now under treatment	266
Number of cases on waiting list .....	..... 43

### **Diphtheria Immunisation**

Very little immunisation was carried out in primary schools during 1962. This for the reasons given in my preamble.

The following table shows the number of cases of diphtheria notified during the past ten years :—

<i>Year</i>	<i>Cases</i>	<i>Number of deaths</i>
1952	3	—
1953	—	—
1954	—	—
1955	—	—
1956	2	—
1957	—	—
1958	—	—
1959	1	—
1960	5	—
1961	—	—
1962	—	—

During 1962, 170 school children received primary injections and 580 were given booster doses.

### School Milk and Meals

Miss Butler, School Meals Organiser reports :—

“ During 1962, 5,413,929 meals (4,902,734 children’s meals and 511,195 adult meals) were served, an increase of 207,399 since 1961.

The daily average in January, 1962, was 28,281 and in December, 1962 it was 29,052. 53·9% of the numbers on roll were having meals when the last return was made to the Ministry of Education in October, 1962.

The following new kitchens were opened :—

St. Patrick’s — 1 Canteen in January, 1962.

Binley Park Comprehensive—2 Canteens in February, 1962.

According to the statistics called for by the Ministry of Education on one specific day during October, 1962 the number of children present at school was 49,793 (which includes 2,566 at independent schools). Of these 40,814 had free milk (which includes 1,804 at independent schools).

### Physical Education

Mr. A. Stokehill and Miss J. Burnett-Knight, Organisers of Physical Education report :—

“ 1962 was a year of steady progress. The primary schools’ teachers courses referred to in the 1961 report continued and slowly every school in the city is being covered with these individual courses. An innovation on the games side this year has been the establishment of a junior six-a-side soccer tournament. This has proved very successful and is extremely popular with the smaller school. On Saturday mornings some sixty teams turn out. It has great educational advantages also in that the child under the age of eleven although often wishing to play the adult games is frequently not sufficiently developed to do so. Six-a-side soccer is much more of a leader to his secondary stage and is found to be at least as enjoyable.

Secondary school teachers had their usual quota of specialist courses and these included cricket, soccer, rugby, badminton, trampolining, hockey, tennis, netball, canoeing and swimming. In addition, two new departures were made for schools in that an Olympic gymnastics class was set up, and six schools started golf under the Golf Foundation Scheme.

Games and recreational activities amongst the youth of the city go from strength to strength. The major games are always a great

attraction and an attempt has been made this year to weld the boys' and girls' activities in Youth Clubs. The boys' provide three-a-side teams for hand ball and the girls' three-a-side teams for shoot ball, which is an adoption of net-ball. Inter-club games are played and the final results depend on the joint results of both games. This tournament is only in its infancy but it bears great promise. Coventry produced a new national champion last year in that we provided the Schoolboys' Cycle champion. This was a direct result of a cycle rolling evening which was held some two years ago when schools from all over the city were invited to send any boys or girls who were interested in cycling as a major hobby. Response to this was quite good and some of the youngsters who came along were so impressed with cycle racing that they joined local clubs! with extremely happy results.

Each year sees additional opportunities for the children and youth of the city and all the teachers and youth leaders are delighted with the response which they get. There seems to be no limit to the variety of sports and pastimes available, and most of them flourish exceedingly.

Although Coventry in many respects is very well equipped we still have deficiencies and these are only bars to additional progress. We do need an outdoor activity centre for youngsters to carry on with the work they are doing in the schools for the Duke of Edinburgh's Award. We do need larger indoor halls and we do need greater floodlighting facilities. We are hopeful that some of these will be forthcoming in the near future and can only hope that the others will follow in due time.

In the adult field the Woman's Keep-Fit Classes still maintain a steady and progressive course. An increase of one brings the total to 31 classes and the enthusiasm of the members never flags. Once again, following last year's successful visit, the second year students from Anstey P.E. College visited five classes in one evening in March as part of their cameo course on physical recreation, and the classes concerned gave them a warm welcome. Later in the year the college invited the Coventry Keep-Fit Leaders on a return visit to the college. This invitation was greatly appreciated by the Leaders and they were most interested to have the opportunity of seeing some of the work of students in training. Visits were also made over a period by Coventry Training College second year students who were taking a similar course during their training. The enthusiasm of one Keep-Fit Leader has led to a weekly swimming class attended by members of several of the classes. This has been most enthusiastically attended and many of the women have experienced the enjoyment of being waterborne for the first time in their lives. This interest is spreading and there is evidence that there will be applications from other classes for a similar opportunity.

We have to thank all the people who have contributed to the success of 1962. Each year more demands are made on the teachers and leaders and each year these demands are fulfilled by the willing co-operation and enthusiasm.

### **Medical Examinations of Entrants to Training Colleges and the Teaching Profession.**

In 1962, 152 candidates were examined by medical officers for entrance into training colleges and 101 for direct entrance into the teaching profession. Dr. Gordon Evans, Physician in charge of the Mass Radiography Unit, continued to arrange for the necessary chest x-ray examinations to be carried out.

### **Notifications of Infectious Diseases**

Age groups 5 and under 15 years.

		1962	1961
Scarlet Fever .....	.....	76	138
Acute Influenza Pneumonia .....	.....	4	3
Acute Primary Pneumonia .....	.....	8	14
Dysentery .....	.....	284	175
Food Poisoning .....	.....	3	649
Erysipelas .....	.....	—	2
Measles .....	.....	234	2,672
Whooping Cough .....	.....	18	63
Pulmonary Tuberculosis .....	.....	4	9
Non-Pulmonary Tuberculosis .....	.....	1	1
Acute Encephalitis .....	.....	—	1
Meningococcal Infection .....	.....	—	—

### **Deaths of Children of School Age — 5 years to 15 years — are as follows :—**

Acute Leukaemia .....	.....	.....	.....	.....	1
Heart Diseases .....	.....	.....	.....	.....	1
Paralytic Poliomyelitis (contracted 1957) .....	.....	.....	.....	.....	1
Tracheo-Bronchitis and Diabetic Coma .....	.....	.....	.....	.....	1
(a) Exhaustion (b) Primary Amentia and Microcephaly .....	.....	.....	.....	.....	1
Criminal violence .....	.....	.....	.....	.....	1
Suicide .....	.....	.....	.....	.....	1
Coal Gas Poisoning (open verdict) .....	.....	.....	.....	.....	1
Motor Vehicle Accidents .....	.....	.....	.....	.....	3
All other accidents .....	.....	.....	.....	.....	3
Coal Gas Poisoning caused by mother gassing herself and involving child .....	.....	.....	.....	.....	1
					<hr/> 15

**TABLE OF DEFECTS**  
**PAYBODY ORTHOPAEDIC CLINIC**  
*Year ending December, 1962*

<i>Defects</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Pes planus	33	22	55
Valgoid Ankles	26	21	47
Kyphosis	4	3	7
Genu Valgum	4	6	10
Osteochondritis	4	4	8
Scoliosis	2	6	8
Hallux Valgus	2	9	11
Metatarsus Varus	5	6	11
Valgoid Feet	4	—	4
Perthe's disease	5	—	5
Spina Bifida Occulta	—	2	2
Deformed Toes	3	13	16
Hallux Rigidus	—	4	4
Plantarfascia strain	1	—	1
Osgood Schlatter's disease	4	3	7
Torticollis	1	—	1
Ganglion	2	8	10
Old Poliomyelitis	1	—	1
Spasticity	2	2	4
Injuries	8	6	14
Tenosynovitis	1	1	2
Epiphysitis	9	9	18
Tendo Achilles	1	—	1
Exostosis	2	1	3
Strains	8	9	17
Cyst	1	3	4
Osteomyelitis	1	—	1
Ingrowing toe nail	5	3	8
Osteoporosis	—	3	3
Lumbar disc lesion	—	1	1
Sprains	1	1	2
Claw foot	—	1	1
Bursitis	4	5	9
Chondromalacia	—	1	1
Arthritis	1	1	2
Toxic hip	—	1	1
Poor posture	4	6	10
Still's disease	1	—	1
Subluxation patella	2	—	2
Sprengel's shoulder	—	1	1
Haematoma	—	1	1
Diseoid cartilage	—	1	1
Genu Varum	3	4	7
Enlarged foot joints	—	2	2
Deformity left hip	—	1	1
Closed tenotomy	1	—	1
Fractures	8	2	10

Pes Cavus			1	2	3
Wasting of quadriceps			1	1	2
Fragmentation of epiphyses			1	—	1
Haemangioma			1	—	1
Calcaneo Valgus			1	—	1
Metatarsalgia			1	—	1
Hallux varus			3	1	4
Valgoid deformity			1	1	2
Synovitis of hip			1	—	1
Scheuermann's disease			—	2	2
Miscellaneous			49	48	97
			224	228	452

**Clinic Sessions**

The current arrangements in regard to clinic sessions are set out below :—

**CENTRAL SCHOOL CLINIC, GULSON ROAD.**

Minor Ailments Clinics, each afternoon.  
Cleansings each morning.

**MEDICAL OFFICER APPOINTMENTS :—**

By arrangement, Monday to Friday.

**CHIROPODY :—**

By appointment Tuesday and Thursday afternoons and Friday mornings.

**DENTAL CLINIC :—**

By appointment each day and Saturday mornings.

**EAR, NOSE AND THROAT CLINIC :—**

By appointment each Wednesday.  
Treatment sessions Monday, Wednesday and Friday afternoons  
(includes " infra-red " treatment)

**RINGWORM — X-RAY TREATMENT :—**

By appointment at Coventry & Warwickshire Hospital.

**SCABIES CLINIC :—**

Each day, Monday to Friday.

**SPEECH THERAPY :—**

Each day, Monday to Friday.

**SUNLIGHT CLINIC :—**

Tuesday mornings and Friday afternoons (September to March)

**HEART AND RHEUMATIC CLINIC :—**

By appointment alternate Thursday afternoons.

**BRANCH CLINICS.****LONGFORD PARK :—**

School Nurse in attendance 2 sessions weekly.

**TEMPLARS :—**

School Nurse in attendance 2 sessions weekly.

**BINLEY :—**

School Nurse in attendance Tuesday afternoons from 2 p.m.

**WYKEN CROFT :—**

School Nurse in attendance Tuesday mornings.

**BROAD STREET HEALTH CENTRE :—**

School Medical Officer attends by arrangement.

**TILE HILL HEALTH CENTRE :—**

School Medical Officer attends by arrangement.

ATTENDANCES AT SCHOOL CLINICS DURING 1961

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Conditions	Central Clinic Gulson Road		Binley School Branch Clinic		Longford Park Branch Clinic		Templars Branch Clinic		Wyken Croft Branch Clinic	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
<b>Skin :—</b>										
Ringworm—scalp	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
X-ray treatment	.....	.....	.....	.....	.....	.....	.....	.....	2	.....
Other treatment	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ringworm—body	1	1	.....	.....	.....	.....	.....	.....	.....	.....
Scabies	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Impetigo	17	17	1	1	2	2	8	8	20	20
Other skin diseases	9	9	3	3	68	68	1,248	1,248	6	6
<b>Eye diseases :—</b>										
Blepharitis	.....	.....	4	4	1	1	1	1	2	2
Conjunctivitis	.....	.....	3	3	1	1	12	12	57	57
Styes	.....	.....	—	—	—	—	21	21	47	47
Other	—	—	722	722	650	650	326	326	1,261	1,261
<b>Ear defects :—</b>										
Otorrhoea	.....	.....	—	—	—	—	—	—	—	—
Wax	.....	.....	1	1	—	—	—	—	—	—
Other	43	43	4	4	2	2	1	1	8	8
<b>Miscellaneous :—</b>										
Septic conditions	30	30	1	1	33	33	10	10	60	173
Skin infections	.....	.....	6	6	12	12	2	2	163	133
Boils	.....	.....	—	—	2	2	3	3	77	51
Chilblains	.....	.....	—	—	29	29	—	—	20	28
Warts	4	4	50	50	73	73	5	5	1	35
Injuries	41	41	97	97	133	133	94	94	216	183
Other conditions	60	60	—	—	—	—	—	—	—	178
<b>TOTALS</b>	.....	220	.....	.....	239	239	233	233	770	915

## Part I

## Medical Inspection of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1958 and later	390	389	99.74	1	.26
1957	1,083	1,082	99.91	1	.09
1956	1,832	1,831	99.95	1	.05
1955	748	748	100	—	—
1954	962	961	99.90	1	.10
1953	1,180	1,176	99.66	4	.34
1952	447	446	99.78	1	.22
1951	1,308	1,307	99.92	1	.08
1950	702	702	100	—	—
1949	208	208	100	—	—
1948	803	803	100	—	—
1947 and earlier	3,413	3,413	100	—	—
TOTAL	13,076	13,066	99.92	10	.08

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS

(excluding Dental Diseases and Infestation with Vermin)

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any other condition recorded at Part 2. (3)	Total individual pupils (4)
1958 and later	2	23	25
1957	12	38	50
1956	40	74	114
1955	38	70	106
1954	42	63	105
1955	62	67	129
1952	31	25	55
1951	93	75	168
1950	49	42	91
1949	15	11	26
1948	32	19	51
1947 and earlier	188	84	272
TOTAL	604	591	1,192

TABLE C—OTHER INSPECTIONS

Number of special inspections .. ..	2,735
Number of re-inspections .. ..	1,362
<b>TOTAL</b> .. ..	<b>4,097</b>

TABLE D—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. ..	96,279
(b) Total number of individual pupils found to be infested ..	96
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act 1944) .. ..	887
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act 1944) .. ..	—

## Part II

## Defects Found by Medical Inspection During the Year

TABLE A—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		Requiring Treatment (3)	Requiring Observation (4)	Requiring Treatment (5)	Requiring Observation (6)	Requiring Treatment (7)	Requiring Observation (8)	Requiring Treatment (9)	Requiring Observation (10)
4	Skin	4	4	2	3	6	6	12	13
5	Eyes—								
	(a) Vision	54	89	220	62	330	199	604	350
	(b) Squint	4	2	14	2	6	12	24	16
6	Ears—								
	(a) Hearing	20	15	2	—	27	35	49	50
	(b) Otitis Media	1	—	—	3	3	5	4	8
7	(c) Other	—	1	3	1	1	6	4	8
	Nose and Throat	17	38	4	2	55	24	76	64
	Speech	40	23	4	—	32	32	76	55
9	Lymphatic Glands	—	1	—	—	2	3	2	4
10	Heart	8	15	6	8	17	23	31	46
11	Lungs	2	24	2	3	3	31	7	58
12	Developmental—								
	(a) Hernia	4	—	5	—	5	7	14	7
	(b) Other	13	11	—	2	30	16	43	29
13	Othopaedic								
	(a) Posture	5	5	10	9	13	26	28	40
	(b) Feet	5	20	4	3	21	28	30	51
14	(c) Other	6	12	7	14	11	24	24	50
	Nervous system—								
	(a) Epilepsy	—	—	2	2	1	7	3	9
15	(b) Other	3	5	1	—	24	3	28	8
	Psychological—								
	(a) Development	5	17	16	1	43	42	64	60
16	(b) Stability	4	16	2	—	6	16	12	32
	Abdomen	—	1	1	—	1	5	2	6
17	Other	8	31	6	12	23	64	39	108

TABLE B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .....	30	8
5	Eyes— (a) Vision .....	34	10
	(b) Squint .....	4	2
	(c) Other .....	3	8
6	Ears— (a) Hearing .....	22	1
	(b) Otitis Media .....	6	3
	(c) Other .....	4	5
7	Nose and Throat .....	32	44
8	Speech .....	8	4
9	Lymphatic Glands .....	—	2
10	Heart .....	3	6
11	Lungs .....	1	1
12	Developmental— (a) Hernia .....	1	—
	(b) Other .....	2	5
13	Orthopaedic— (a) Posture .....	4	3
	(b) Feet .....	3	9
	(c) Other .....	6	12
14	Nervous System— (a) Epilepsy .....	1	1
	(b) Other .....	1	2
15	Psychological— (a) Development .....	6	10
	(b) Stability .....	13	14
16	Abdomen .....	1	1
17	Other .....	420	115

**Part III**

Treatment of Pupils attending Maintained Primary and Secondary Schools  
(including Nursery and Special Schools)

**TABLE A**  
**EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	182
Errors of refraction (including squint)	3,233
<b>TOTAL</b>	<b>3,415</b>
Number of pupils for whom glasses were prescribed	2,136

**TABLE B**  
**DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	Not known
(b) for adenoids and chronic tonsillitis	148
(c) for other nose and throat conditions	Not known
Received other forms of treatment	133
<b>TOTAL</b>	<b>281</b>
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962	15
(b) in previous years (1953-1961)	112

**TABLE C**  
**ORTHOPAEDIC AND POSTURAL DEFECTS**

	Number of cases known to have been dealt with
(a) Pupils treated at clinics or outpatients department.	452
(b) Pupils treated at school for postural defects	Not known
<b>TOTAL</b>	<b>452</b>

TABLE D  
DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table D Part I)

	Number of cases known to have been dealt with
Ringworm— (a) Scalp .....	3
(b) Body .....	—
Scabies .....	—
Impetigo .....	46
Other skin diseases .....	82
<b>TOTAL</b> .....	<b>131</b>

TABLE E  
CHILD GUIDANCE TREATMENT

	Number of cases known to have been dealt with
Pupils treated at Child Guidance clinics .....	291

TABLE F  
SPEECH THERAPY

	Number of cases known to have been dealt with
Pupils treated by Speech Therapists .....	276

TABLE G  
OTHER TREATMENT GIVEN

(a) Pupils with minor ailments .....	2,004
(b) Pupils who received convalescent treatment under School Health Service Arrangements .....	11
(c) Pupils who received B.C.G. vaccination .....	4,919
(d) Other than (a), (b) and (c) above.	
Chiropody .....	321
Ear defects .....	60
Ultra Violet Light .....	32
<b>TOTAL (a) — (d)</b> .....	<b>7,347</b>

**4. DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31ST DECEMBER, 1962.**

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7, 711, and 11 Schools.

(a) Dental and Orthodontic work.

1. Number of pupils inspected by the Authority's Dental officers :—	
i. At Periodic Inspections .....	1462 }
ii. As Specials .....	6430 }
	Total I 7892
2. Number found to require treatment	6592
3. Number offered treatment	6592
4. Number actually treated	5158

(b) Dental work (other than orthodontics) (NOTE : Figures relating to orthodontics should not be included in Section (b)).

1. Number of attendances made by pupils for treatment, excluding those recorded at (e) 1 below.	18227
2. Half days devoted to :	
i. Periodic (School) inspection .....	7 }
ii. Treatment .....	2808 }
	Total II 2815
3. Fillings :	
i. Permanent Teeth .....	10056 }
ii. Temporary Teeth .....	432 }
	Total III 10488
4. Number of Teeth Filled :	
i. Permanent Teeth .....	9156 }
ii. Temporary Teeth .....	418 }
	Total IV 9574
5. Extractions :	
i. Permanent Teeth .....	3396 }
ii. Temporary Teeth .....	7395 }
	Total V 10791
6. Administration of general anaesthetics for extraction	2732
7. Number of pupils supplied with artificial teeth	128
8. Other operations :	
i. Permanent Teeth .....	2827 }
ii. Temporary Teeth .....	311 }
	Total VIII 3138

(c) Orthodontics :

i. Number of attendances made by pupils for orthodontic treatment .....	1667
ii. Half days devoted to orthodontic treatment .....	176
iii. Cases commenced during the year .....	109
iv. Cases brought forward from the previous year .....	151
v. Cases completed during the year .....	55
vi. Cases discontinued during the year .....	27
vii. Number of pupils treated by means of appliances .....	185
viii. Number of removable appliances fitted .....	121
ix. Number of fixed appliances fitted .....	31

MINISTRY OF EDUCATION — HANDICAPPED PUPILS REQUIRING EDUCATION  
AT SPECIAL SCHOOLS or BOARDING HOMES, YEAR 1962.

50

(1) Blind (2) Partially sighted	(1) (2)	(3) (4)	(5) (6)	(7) (8)	(9) (10)	(11)
A. Handicapped Pupils newly assessed as requiring education at Special Schools or Boarding Homes .....	2	10	2	11	41	90
B. Handicapped Pupils newly placed in Special Schools or Boarding Homes .....	2	4	2	9	39	87
C. Number of Handicapped Pupils from the area requiring places in Special Schools :—	.....	.....	.....	.....	.....	.....
(i) Total (a) day ..... (b) boarding .....	1	3	—	4	13	—
Included in the above total are :—	2	—	—	—	15	9
(ii) Children under 5 years awaiting	1	—	—	3	—	—
(a) day .....	—	—	—	—	—	—
(b) boarding .....	—	—	—	—	—	—
(iii) Children over 5 years whose parents refused admission to Special School	—	—	—	—	—	—
(a) day .....	—	—	—	—	—	—
(b) boarding .....	—	—	—	—	—	—
D. On or about 20th January, 1963, Handicapped Pupils were :—	.....	.....	.....	.....	.....	.....
1. On the registers of	.....	.....	.....	.....	.....	.....
(i) Maintained Special Schools :	.....	.....	.....	.....	.....	.....
(a) as day pupils .....	2	25	—	35	196	—
(b) as boarding pupils .....	—	2	—	2	51	—
(ii) Non-maintained Special Schools .....	—	—	—	—	—	—
(a) as day pupils .....	—	—	—	—	—	—
(b) as boarding pupils .....	8	1	9	6	—	—
2. On the registers of independent schools under arrangements made by the Authority .....	1	—	—	—	9	2
3. Boarded in homes and not already included under 1 or 2 .....	—	—	—	—	16	—
Total D ..	11	28	9	43	198	52
					444	6
					48	—
					328	—
					287	—
					102	—
					35	—
					12	—
					16	—
					859	—

MINISTRY OF EDUCATION — HANDICAPPED PUPILS REQUIRING EDUCATION  
AT SPECIAL SCHOOLS or BOARDING IN BOARDING HOMES, YEAR 1962

	(1) Blind	(2) Partially sighted	(3) Deaf	(4) Partially Deaf	(5) Physically handicapped	(6) Delicate	(7) Maladjusted	(8) Educationally Subnormal	(9) Epileptic	(10) Speech defects	Total 1—10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
E. Number of handicapped pupils being educated under arrangements made under Section 56 of the Education Act 1944 :—											
(i) in Hospitals	—	—	—	—	2	17	—	—	—	—	19
(ii) in other groups (e.g. units for spastics)	—	—	—	—	—	6	—	10	—	—	10
(iii) at home	—	—	—	—	—	6	2	—	1	—	15

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